SECURE CARE GENERAL EDUCATION TEACHER SURVEY

GETS

PEA _	School/Site	
Answe	r all questions below with any remarks, and return survey in the self addressed stamped envelope	•
		For ESS Use Only
1.	Describe the good things going on in your school district or charter school's special education program.	
2.	If you indicate a concern on a 45-day new student screening, does follow-up occur?	
	YES NO	I O U I.B.1.d
3.	Are you involved in determining whether existing data is sufficient or additional data is needed when a student is being evaluated/reevaluated? YESNO	I O U II.A.3.a
4.	Do the IEPs of your students accurately reflect their special education needs? If "NO", please provide specifics. YESNO	I O U III.A.9
5.	Are all services being provided as indicated in the IEPs of your students? If "NO", please provide specifics. YESNO	I O U IV.A.1
6	List three ways you adhere to confidentiality requirements. 1. 2. 3.	I O U V.A.1
7.	Describe any concerns about your school district or charter school's special education program.	V -4.1.1

Your time and effort in completing this form is greatly appreciated